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CONFIRMATION NO. 3302

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/930,582	<b>FILING OR 371(c) DATE</b> 08/15/2001 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 102199-201	
<b>APPLICANTS</b> Jonathan Stanley Harold Denyer, Chichester, UNITED KINGDOM; Anthony Dyche, Hayling Island, UNITED KINGDOM; Richard Marsden, Southampton, UNITED KINGDOM;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/781,610 02/12/2001					
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM GB0003197.1 02/11/2000					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 08/29/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 030031					
<b>TITLE</b> Controlling drug delivery apparatus					
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		